

**Fill in this information to identify your case:**

|   |   |             |           |
|---|---|-------------|-----------|
| Debtor 1                                | <b>Cynthia A. Bankston</b>              |             |           |
|   | First Name                              | Middle Name | Last Name |
| Debtor 2                                |   |             |           |
| (Spouse if, filing)                     | First Name                              | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <b>SOUTHERN DISTRICT OF MISSISSIPPI</b> |             |           |
| Case number                             | <b>16-01614</b>                         |             |           |
| (if known)                              |   |             |           |

☒ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |  | Total claim  | Priority amount | Nonpriority amount |
|-----|--|--|-----------------|--------------------|
| 2.1 | <b>Daniel Mulholland</b><br>Priority Creditor's Name<br><b>125 Vinca Drive</b><br><b>Madison, MS 39110</b><br>Number Street City State Zip Code  | <b>\$315.00</b>  | <b>\$315.00</b> | <b>\$0.00</b>      |
|     | Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number<br><br>When was the debt incurred?<br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of PRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                 |                    |
|     |  | <b>Child Support</b>   |                 |                    |

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.


**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Cynthia A. BankstonCase number (if known) 16-01614

|     |   |  |                |
|-----|---|--|----------------|
| 4.1 | <b>Ally Financial</b><br>Nonpriority Creditor's Name<br><b>Payment Processing Center</b><br><b>P. O. Box 78369</b><br><b>Phoenix, AZ 85062</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>2005</u><br>When was the debt incurred? _____<br><b>As of the date you file, the claim is: Check all that apply</b><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Deficiency from repossession in December 2015<br><input type="checkbox"/> Other. Specify _____ | <u>Unknown</u> |
|-----|---|--|----------------|

|     |   |  |                   |
|-----|---|--|-------------------|
| 4.2 | <b>Bancorp South Mastercard</b><br>Nonpriority Creditor's Name<br><b>P. O. Box 4390</b><br><b>Tupelo, MS 38803</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5573</u><br>When was the debt incurred? _____<br><b>As of the date you file, the claim is: Check all that apply</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ | <u>\$2,000.00</u> |
|-----|---|--|-------------------|

|     |  |  |                   |
|-----|--|--|-------------------|
| 4.3 |  <b>Memphis Radiological, PC</b><br>Nonpriority Creditor's Name<br><b>7695 Poplar Pike</b><br><b>Germantown, TN 38138</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5891</u><br>When was the debt incurred? _____<br><b>As of the date you file, the claim is: Check all that apply</b><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ | <u>\$1,000.00</u> |
|-----|--|--|-------------------|

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|     |  |  |
|-----|--|--|
| 4.4 | <b>Methodist Healthcare</b><br>Nonpriority Creditor's Name<br><b>7945 Wolf Fiver Blvd.</b><br><b>Suite 180</b><br><b>Germantown, TN 38138</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5148</u><br><b>\$1,078.00</b><br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 4.5 | <b>One Mail Financial</b><br>Nonpriority Creditor's Name<br><b>P. O. Box 900112</b><br><b>Louisville, KY 40290-1122</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>7659</u><br><b>\$8,226.00</b><br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ |
|-----|--|--|

|     |   |  |
|-----|---|--|
| 4.6 | <b>Synchrony Bank</b><br>Nonpriority Creditor's Name<br><b>Mastercard JCP</b><br><b>P. O. Box 960090</b><br><b>Orlando, FL 32896</b><br>Number Street City State Zip Code<br><b>Who incurred the debt? Check one.</b><br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>4927</u><br><b>\$8,984.00</b><br>When was the debt incurred? _____<br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ |
|-----|---|--|

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4.7 **Wells Fargo Financial** Last 4 digits of account number 1636 \$1,131.78  
 Nonpriority Creditor's Name  
**National Bank**  
**MAC X2505-033**  
**P. O. Box 10438**  
**Des Moines, IA 50306-0438**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes  
 When was the debt incurred? \_\_\_\_\_  
 As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address  
**Consolidated Recovery Systems**  
**P. O. Box 1719**  
**Memphis, TN 38101-1719**  
 On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.4 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
 Last 4 digits of account number 5361

Name and Address  
**iQuantified Management Services, LLC**  
**2821 S. Parker Road**  
**Suite 305**  
**Aurora, CO 80014-2748**  
 On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.3 of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims  
 Last 4 digits of account number 1350

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |   | Total Claim |                  |
|--------------------------|---|-------------|------------------|
| Total claims from Part 1 | 6a. Domestic support obligations  | 6a. \$      | <u>315.00</u>    |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b. \$      | <u>0.00</u>      |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. \$      | <u>0.00</u>      |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$      | <u>0.00</u>      |
|                          | 6e. Total Priority. Add lines 6a through 6d.  | 6e. \$      | <u>315.00</u>    |
| Total claims from Part 2 | 6f. Student loans   | 6f. \$      | <u>0.00</u>      |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$      | <u>0.00</u>      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$      | <u>0.00</u>      |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$      | <u>22,419.78</u> |
|                          | 6j. Total Nonpriority. Add lines 6f through 6i.   | 6j. \$      | <u>22,419.78</u> |

**United States Bankruptcy Court  
Southern District of Mississippi**

In re Cynthia A. Bankston

Debtor(s)

Case No. 16-01614

Chapter 7

**AMENDED  
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 6 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date June 2, 2016

Signature /s/ Cynthia A. Bankston

Cynthia A. Bankston

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Southern District of Mississippi**

In re Cynthia A. Bankston

Debtor(s)

Case No. 16-01614

Chapter 7

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: June 2, 2016

/s/ Cynthia A. Bankston

Cynthia A. Bankston

Signature of Debtor

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Cynthia A. Bankston  
260 Lowe Circle, 3G  
Richland, MS 39218

J. Walter Newman IV  
Newman & Newman  
587 Highland Colony Parkway  
Ridgeland, MS 39157


Ally Financial  
Payment Processing Center  
P. O. Box 78369  
Phoenix, AZ 85062

Bancorp South Mastercard  
P. O. Box 4390  
Tupelo, MS 38803


Consolidated Recovery Systems  
P. O. Box 1719  
Memphis, TN 38101-1719

Daniel Mulholland  
125 Vinca Drive  
Madison, MS 39110

E.O. Berry Motor Company  
600 Laurel Drive  
Magee, MS 39111

 iQuantified Management Services, LLC  
2821 S. Parker Road  
Suite 305  
Aurora, CO 80014-2748

Jeffrey Scott Bankston  
6733 Indigo Lake  
Olive Branch, MS 38654

 Memphis Radiological, PC  
7695 Poplar Pike  
Germantown, TN 38138

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Methodist Healthcare  
7945 Wolf Fiver Blvd.  
Suite 180  
Germantown, TN 38138

One Mail Financial  
P. O. Box 900112  
Louisville, KY 40290-1122

Stowaway Richland  
Self Storage  
133 Center Street  
Richland, MS 39218

Synchrony Bank  
Mastercard JCP  
P. O. Box 960090  
Orlando, FL 32896

Trustmark National Bank  
P. O. Box 1928  
Brandon, MS 39043-1928



Wells Fargo Financial  
National Bank  
MAC X2505-033  
P. O. Box 10438  
Des Moines, IA 50306-0438